EXTENSION ATTACHED

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service 06/30, 20 18 01/01, 2018, and ending For the 2018 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable 20-8096820 THE TOR PROJECT, INC. Address Doing business as Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite Name channe 76 S WASHINGTON ST M-101 (206) 420-3136Final return City or town, state or province, country, and ZIP or foreign postal code Amended SEATTLE, WA 98104 G Gross receipts \$ 1,759,348. Application pending Name and address of principal officer ISABELA BAGUEROS H(a) Is this a group return for Yes X No SEATTLE, WA 98104 76 S WASHINGTON ST M-101, H(b) Are all subordinates included X 501(c)(3) If "No," attach a list (see instructions) 4947(a)(1) or 501(c) ((insert no) Website ▶ WWW.TORPROJECT.ORG H(c) Group exemption number L Year of formation 2006 M State of legal domicile WA Form of organization | X | Corporation Other > Association Part I Summary RESEARCH, DEVELOPMENT, EDUCATION AND Briefly describe the organization's mission or most significant activities ADVOCACY INTO ONLINE ANONYMITY AND PRIVACY Governance 2 Check this box 🕨 ____ if the organization discontinued its operations or disposed of more than 25% of its net assets 8. 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 8. 4 24. 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 3,000. 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 **Current Year Prior Year** 2,684,850. 1,291,128. Contributions and grants (Part VIII, line 1h)....... 1,446,032. 460,152. 0 8,068. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 0 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 4,130,882. 1,759,348. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. Benefits paid to or for members (Part IX, column (A), line 4) 2,528,806. 1,712,935. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). . . 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,549,613. 789,919. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 20 EIVED . . 4,078,419. 2,502,854. -743,506. 52,463. Revenue less expenses Subtract line 18 from line 12. o **Beginning of Current Year** End of Year 2,458,686. 1,675,497. Total assets (Part X, line 16) . . . 278,911. 833,636. Total liabilities (Part X, line 26) 2,179,775. 841,861. Net assets or fund balances Subtract line 21 from line 20. OGDEN: UT Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here ISABELA BAGUEROS EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Check Paid P01452038 LORI L SCOTT 04/19/2019 self-employed Use Only Firm's name BADER MARTIN, P.S. Firm's EIN ▶ 91-1501421 206-621-1900 Phone no Firm's address ▶1000 2ND AVE 34TH FLOOR SEATTLE, WA 98104-1022 May the TRS discuss this return with the preparer shown above? (see instructions) . X Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 **42018**)

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Fon	n 990 (201	89			Page 2
Pa	art III	Statement of Program Service Accomplishme			ਿ ਚ
_	Davadha	Check if Schedule O contains a response or not	te to any line in this Part III	<u> </u>	х
1		escribe the organization's mission RCH, DEVELOPMENT, EDUCATION AND AD	VOCACY INTO ONLIN	E ANONYMITY	
	AND PE				·
2	prior Fo	organization undertake any significant program rm 990 or 990-EZ?			
2	-	describe these new services on Schedule O. organization cease conducting, or make sign	nificant changes in how	ut conducts any program	•
3	services	?			
4		describe these changes on Schedule O e the organization's program service accomplis	hments for each of its t	three largest program service	es, as measured by
•	expense	s Section 501(c)(3) and 501(c)(4) organization expenses, and revenue, if any, for each program	s are required to report	the amount of grants and	allocations to others,
4a	(Code) (Expenses \$ 2,221,034 includi	ng grants of \$) (Revenue \$	460,152
	ATTA	CHMENT 1			
	-			· · · · · · · · · · · · · · · · · · ·	
					<u></u>
_	(O- 1-) (Finance f)) /Boyenue \$	
40	(Code _) (Expenses \$includi	ng grants of a) (Revenue 5	/
					·
					.
4c	(Code _) (Expenses \$includi	ng grants of \$) (Revenue \$)
			-		
4d	Other p	ogram services (Describe in Schedule O)			
_	(Expens) (Revenue \$)	
	Total pro	ogram service expenses ▶ 2,221,03	4.		- 000
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Form 990 (2018)

			Yes	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			Ì
	complete Schedule A	1	X	-11
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			I
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			ı
	"Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1		ŀ
	complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			1
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or]		ļ
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	ļ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			ļ
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		ļ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1		1
	VII, VIII, IX, or X as applicable	ļ		1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			ļ
	complete Schedule D, Part VI	11a	X	1
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			İ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			١
		11d	Х	4
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		4
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		ļ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ŀ
	Schedule D, Parts XI and XII	12a		ł
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			l
	, , , , , , , , , , , , , , , , , , , ,	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		ļ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	ļ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			l
	fundraising, business, investment, and program service activities outside the United States, or aggregate			ı
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	ļ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			1
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		ļ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			ļ
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		ļ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			١
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		ļ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		ļ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
	If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		ļ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ĺ		
	employees? If "Yes," complete Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	i		
		240		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior]		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or]	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
		204		
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		х
_	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		- <u>X</u>
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_ <u>X</u> _
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	i	Ì	
	conservation contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and œase operations? If "Yes," complete Schedule N, Part I	31		_ <u>X</u> _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		- 1	
	complete Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	j	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	i	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36]	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	"		
38	· · · · · · · · · · · · · · · · · · ·	20	x	
Dow	19? Note. All Form 990 filers are required to complete Schedule O. Statements Begarding Other IBS Filings and Tay Compliance	38		
Part				
	Check if Schedule O contains a response or note to any line in this Part V	- ` 	V	
_		}	Yes	No_
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 9			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		į	
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
JSA		Form	990 (2018)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 24			لـــــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ì
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		j	. !
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			نــــا
	and services provided to the payor?	7a		X
b	if "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ł	l	ı
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			لـــا
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12		- 1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	}	l l	}
11	Section 501(c)(12) organizations. Enter			Í
	Gross income from members or shareholders			- 1
b	Gross income from other sources (Do not net amounts due or paid to other sources			ļ
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		 ,
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			}
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			l
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		ľ	
	Enter the amount of reserves on hand	+		<u>X</u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	\dashv	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		<u> </u>
	If "Yes," see instructions and file Form 4720, Schedule N			 -
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.		000	
		Form	330	(2018)

THE TOR PROJECT, INC. 20-8096820 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b		3	İ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	-	x
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		x
	one or more members of the governing body?	7a	ļ	 `` —
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7		x
	stockholders, or persons other than the governing body?	7b		<u> ^</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			اــــا
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		İ
11a		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	$\overline{\mathbf{x}}$	
12a			-	
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
	describe in Schedule O how this was done	$\overline{}$	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ_	 ,
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			اــــا
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	_X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	[
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA, WA,		_	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	ion 5	01/6\
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	1060	lion J	01(0)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
40			!-	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record ISABELA BAGUEROS 76 S WASHINGTON ST SEATTLE, WA 98104	s ▶		
			990	(2018)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees. Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or di	not ch unless er and	s per	ntion more rson irect	than both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)MATT BLAZE	2.00									
BOARD CHAIR	0.	х		х				0.	0.	0.
(2)GABRIELLA COLEMAN	3.00	-		コ				· · · · · · · · · · · · · · · · · · ·		
CLERK	0.	Х		ı				0.	0.	0.
(3)LINUS NORDBERG	2.00			一						
DIRECTOR	0.	Х	1 1	J				0.	0.	0.
(4)MEGAN PRICE	2.00									
DIRECTOR	0.	Х	1 1.					0.	0.	0.
(5)BRUCE SCHNEIER	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)CINDY COHEN	2.00									
TREASURER	0.	X		X				0.	0.	0.
(7)RAMY RAOOF	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(8) JULIUS MITTENZWEI	2.00									
DIRECTOR	0.	Х						0.	0.	
(9)NICK MATHEWSON	40.00]							
VICE PRESIDENT	0.			Х				149,375.	0.	28,079.
(10)ROGER DINGLEDINE	40.00									
PRESIDENT	0.			Х				149,375.	0.	14,387.
(11)SHARI STEELE	40.00				ľ					
EXECUTIVE DIRECTOR	0.			Х				175,000.	0.	9,286.
(12)BRADLEY PARKER	40.00		Π	Ţ						
CFO (UNTIL 2/2018)	0.			Х				18,953.	0.	1,897.
(13)HEATHER DESELLIER	40.00					7				
CFO (FROM 2/2018 - 4/2018)	0.		$oxed{oxed}$	Х				37,500.	0.	4,041.
(14)SUSAN ABT	40.00			}						
CFO (EFF 7/2018)	0.			Х				91,333.	0.	14,210.

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) MIKE PERRY DEVELOPER) ARTHUR EDELSTEIN DEVELOPER) ISABELA BAGUEROS PROJECT MANAGER) MATTHEW FINKEL DEVELOPER) TAYLOR YU DEVELOPER	hours for related organizations	(C) Position (do not check more the box, unless person is to officer and a director/to				s both an or/trustee)		compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation	
DEVELOPER) ARTHUR EDELSTEIN DEVELOPER) ISABELA BAGUEROS PROJECT MANAGER) MATTHEW FINKEL DEVELOPER) TAYLOR YU	below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-i		from the organization and related organizations	
DEVELOPER) ISABELA BAGUEROS PROJECT MANAGER) MATTHEW FINKEL DEVELOPER) TAYLOR YU	40.00					х		125,000.		0.	14,630	
PROJECT MANAGER) MATTHEW FINKEL DEVELOPER) TAYLOR YU	40.00					х		110,973.		0.	14,037	
DEVELOPER) TAYLOR YU	40.00					х		123,750.		0.	10,538	
	40.00				1	x		116,676.		0.	10,549	
	40.00				_	х		114,184.		0.	13,771	
					-							
		<u> </u>		-								
					+					·· <u>·</u>		
			\square	\dashv	+							
					-	_					·	
Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	Section A .					•••	A A	621,536. 590,583. 1,212,119.		0.	71,900 63,525 135,425	
Total number of individuals (including but not reportable compensation from the organizatio	limited to t		listed				re		\$100,000 o			
Did the organization list any former officemployee on line 1a? If "Yes," complete Sched	cer, directo	or, or	trus								Yes No	
For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,00	00?	lf	"Yes,	" (complete Schedul	le J for s	uch	4 X	
Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 X	
Complete this table for your five highest com compensation from the organization. Report of year												
(A) Name and business add	dress							(B) Description of se	rvices		(C) compensation	
TTACHMENT 2												
							_					
Total number of independent contractors (iii												

THE TOR PROJECT, INC.

Pa	rt VII	Check if Schedule O co		nee or note to a	ov line in this Part \	/I I I		
		•	nitaliis a respoi	ise of flote to al	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, and similar amounts not included Noncash contributions included	tions) . 16 grants, a above . 1f	830,688. 460,440.		•••		
		Total. Add lines 1a-1f	<u> </u>		1,291,128			
ğ				Business Code			<u> </u>	
Service Revo	2a b c d	FEE FOR SERVICES		900099	460,152	460,152.		
ä	е							
rogı	f	All other program service rev			460 152		·	
		Total. Add lines 2a-2f			460,152.			
		and other similar amounts).		>	8,068.			8,068.
	1 '	Income from investment of Royalties			0			
	6a b	Gross rents	(i) Real	(II) Personal		, -		
	Ι.	Net rental income or (loss)			0			1
	7a	Gross amount from sales of assets other than inventory	(i) Secunties	(II) Other				1
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (loss)		<u></u> ▶	0.			
er Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	line 1c)	0.				
5	ь	Less direct expenses						ļ
	c 9a	Net income or (loss) from fu Gross income from gaming	activities		0.			
	_	See Part IV, line 19						
	C	Net income or (loss) from ga			0.			
	10a	Gross sales of inventor returns and allowances	ory, less	0.				
	b	Less cost of goods sold Net income or (loss) from sal	b	0.	0.			1
		Miscellaneous Revenue		Business Code	0.			· · · · · · · · · · · · · · · · · · ·
	44:					 -		
							· · · · · · · · · · · · · · · · · · ·	
	-							
Other Revenue Program Service Revenue 10a 82 82 82 82 82 82 82 82 82 82 82 82 82		All other revenue				·		
	Other Revenue Program Service Revenue 3 4 2 6 9 0 0 0 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Total. Add lines 11a-11d			0			J
- 1	40	Total avenue Sagratusta				460 152		9 069

THE TOR PROJECT, INC.

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must of

00	Check if Schedule O contains a response				
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0.	_ -		
	Benefits paid to or for members				
5	Compensation of current officers, directors,	322,709.	300,119.	12 000	9,682.
	trustees, and key employees	322, 103.	300,119.	12,908.	9,002.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0.			
_	persons described in section 4958(c)(3)(B)	1,038,650.	965,945.	41,546.	31,159.
	Other salaries and wages	1,030,030.	300,313.	11,510.	
8	Pension plan accruals and contributions (include	10,287.	9,567.	411.	309.
	section 401(k) and 403(b) employer contributions)	213,417.	198,478.	8,536.	6,403.
	Other employee benefits	127,872.	118,921.	5,115.	3,836.
10	Payroll taxes			3,223	
11	1	0.			
	Management	5,453.	5,017.	436.	
	Accounting	5,563.	5,118.	445.	
	Accounting	0.			
	Professional fundraising services See Part IV, line 17.	0.			
	f Investment management fees	0.			
	Other (If line 11g amount exceeds 10% of line 25, column				
٤	(A) amount, list line 11g expenses on Schedule O) ATCH 3.	446,226.	443,088.	3,138.	
12	Advertising and promotion	0.			
13		56,327.	46,103.	8,337.	1,887.
14		29,578.	28,395.	1,183.	· · · · · · · · · · · · · · · · · · ·
15	Royalties	0.			
16	Occupancy	16,058.	13,168.	2,890.	
	Travel	42,831.	30,839.	11,564.	428.
18					
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	159,991.	49,597.	110,394.	
20	Interest	1,470.		1,470.	
	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	7,919.	6,494.	1,425.)
24	Other expenses itemize expenses not covered				
	above (List miscellaneous expenses in line 24e lf		į		
	line 24e amount exceeds 10% of line 25, column				ļ
	(A) amount, list line 24e expenses on Schedule O)				<u> </u>
а	SWAGS AND PREMIUMS	18,503.	185.		18,318.
b					
C					
d					·
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,502,854.	2,221,034.	209,798.	72,022.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this P	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,292,422.	1	759,350
2	Savings and temporary cash investments	0.	2	0
3	Pledges and grants receivable, net	1,067,535.	3	818,089
4	Accounts receivable, net	0.	4	0
5	Loans and other receivables from current and former officers, directors,			
Ì	trustees, key employees, and highest compensated employees			
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers	0.	5	0
	and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
st 7	Notes and loans receivable, net	0.	7	0
Assets 2 8	Inventories for sale or use	0.		0
4 9	Prepaid expenses and deferred charges	11,019.		5,595
1 *	Land, buildings, and equipment cost or		-	
.00	other basis Complete Part VI of Schedule D 10a 18,079.			
Ь	Less accumulated depreciation	0.	10c	0
11	Investments - publicly traded securities		11	0
12	Investments - other securities See Part IV, line 11		12	0
13	Investments - program-related See Part IV, line 11		13	0
14	Intangible assets		14	0
15	Other assets See Part IV, line 11	87,710.		92,463
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,458,686.		1,675,497
17	Accounts payable and accrued expenses	191,201.		321,002
18		0.	<u> </u>	0
19	Grants payable	- 0.	19	420,171.
20	Deferred revenue	0.		0
21	Tax-exempt bond liabilities	87,710.	20	92,463
۱		07,720.	41	32,103
<u>ş</u> 22	Loans and other payables to current and former officers, directors,			
Liabilities	trustees, key employees, highest compensated employees, and		22	0
	disqualified persons. Complete Part II of Schedule L	0.		0
- 23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X	0.		0
00	of Schedule D	278,911.		833,636
_ 26	Total liabilities. Add lines 17 through 25	270, 311.	26	033,030.
Fund Balances 22 8 29 92	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	2,179,775.	27	823,861.
28	Temporarily restricted net assets	0.	28	18,000.
일 29	Permanently restricted net assets	0.	29	0.
or Fu	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	•		
2 30	Capital stock or trust principal, or current funds		30	
ر 2 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets 30 31 32 33	Total net assets or fund balances	2,179,775.	33	841,861.
34	Total liabilities and net assets/fund balances	2,458,686.	34	1,675,497.
				Form 990 (2018

Form 99	0 (2018)			Pa	ge 1 Z
Part					
	Check if Schedule O contains a response or note to any line in this Part XI	· • • • •			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,7	59,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2			354.
3	Revenue less expenses Subtract line 2 from line 1	3			506.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,1	79,7	775.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8	-5	94,4	108.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
. •	33, column (B))	10	8	41,8	361.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				Ī
•	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
	Schedule O	•			
22	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		X
La	If "Yes," check a box below to indicate whether the financial statements for the year were con				
	reviewed on a separate basis, consolidated basis, or both				1
	Separate basis Consolidated basis Both consolidated and separate basis		l		
_	Were the organization's financial statements audited by an independent accountant?		2b		Х
D	If "Yes," check a box below to indicate whether the financial statements for the year were audi				1
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversight			
C	of the audit, review, or compilation of its financial statements and selection of an independent acc				
	If the organization changed either its oversight process or selection process during the tax year, e				1
	Schedule O	Apiaiii iii			
•		t farth in			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	. 101111 111	3a	х	
L	the Single Audit Act and OMB Circular A-133?	eran the	. —		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	3b		х
	required addit of addito, explain with in concedure of and accounts any crops taken to and age odern as			990	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE TOR PROJECT, INC.

Employer identification number 20-8096820

Pa	rt I	Reason for Public Cha	arity Status (All o	organizations must o	complet	e this p	art) See instructions		
The	org	anization is not a private fou	indation because i	t is (For lines 1 throu	gh 12, cl	neck only	one box)	,	
1		A church, convention of ch	urches, or associa	ition of churches desc	ribed in s	section 1	170(b)(1)(A)(i).	1 .	
2		A school described in secti	ion 170(b)(1)(A)(ii)). (Attach Schedule E	(Form 9	90 or 990	0-EZ))	1	
3		A hospital or a cooperative	hospital service of	organization described	ın sectio	on 170(b)(1)(A)(iii).		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
		hospital's name, city, and s	tate						
5	$ldsymbol{ld}}}}}}$	An organization operated	for the benefit of	a college or university	ty owne	d or ope	erated by a governme	ental unit described in	
		section 170(b)(1)(A)(iv). (0	Complete Part II)						
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	$oxed{\mathbb{X}}$ An organization that normally receives a substantial part of its support from a governmental unit or from the general public								
	_	described in section 170(b))(1)(A)(vi). (Compl	lete Part II)					
8	Ш	A community trust describe	ed in section 170(l	b)(1)(A)(vi). (Complete	Part II)				
9		An agricultural research or	ganızatıon describ	ed in section 170(b)(1)(A)(ix)	operated	d in conjunction with a	land-grant college	
		or university or a non-land-	grant college of a	griculture (see instruct	tions) E	nter the	name, city, and state o	f the college or	
		university.	·						
10		An organization that norma receipts from activities rela support from gross investm acquired by the organization	ated to its exempt to ment income and u on after June 30, 1	functions - subject to inrelated business tax 975 See <mark>section 509</mark>	certain e able inco (a)(2). (0	exception ome (les Complete	ns, and (2) no more tha s section 511 tax) from e Part III)	n 331/3 % of its	
11	Щ	An organization organized							
12	Ш	An organization organized	· ·	•					
		of one or more publicly su	• •						
	_	Check the box in lines 12a t	•	* *		-	•	-	
d	L	☐ Type I. A supporting organic							
		the supported organization		•		ajority of	f the directors or truste	es of the	
	Г	supporting organization \	-						
þ	L	Type II. A supporting org	•				• • •		
		control or management of		=	the sam	e persor	ns that control or man	age the supported	
		organization(s). You must	•	*					
С	<u> </u>	_ Type III functionally inte	•	• •				ly integrated with,	
_		its supported organization						to d =====te=/a)	
d	L_	_ Type III non-functionally		·				-	
		that is not functionally inte	-		-			an allenuveness	
	Г	requirement (see instruct Check this box if the orga		•				I. Type III	
-	_	functionally integrated, or						i, type iii	
f	Fn	ter the number of supported			porting	rganiza			
a		ovide the following information	•					• • • • • • • • • • • • • • • • • • • •	
		ame of supported organization		(iii) Type of organization (described on lines 1-10		ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see instructions)	
				above (see instructions))	Yes	Ment?	instructions)	instructions)	
(A)					ł	ł :			
/D\									
(B)									
(C)									
<u></u>		<u></u> -							
(D)									
(E)							٠		
									
Tota	ı								

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	288,667.	460,298	411,296.	2,556,850	1,291,128.	5,008,239.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			-			0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	288,667	460,298	411,296.	2,556,850	1,291,128.	5,008,239.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						500 075
•	shown on line 11, column (f)						588,875.
800	Public support. Subtract line 5 from line 4 tion B. Total Support			<u> </u>			4,419,364.
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	288,667.	460,298.	411,296.	2,556,850	1,291,128.	5,008,239.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,648	2,093.	2,455.	2,733,733	8,068	14,264
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	735.	7,918.				8,653.
11	Total support. Add lines 7 through 10						5,031,156
12	Gross receipts from related activities, etc. (s	•				12	
13	First five years. If the Form 990 is for organization, check this box and stop here.						
	tion C. Computation of Public Sup			44 (0)		44	88.14%
14	Public support percentage for 2018 (In					15	84.79%
15	Public support percentage from 2017 3 331/3% support test - 2018. If the org						
IVa	box and stop here. The organization qu						
b	331/3% support test - 2017. If the org						
_	this box and stop here . The organization	*			•		
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	2018. If the org	anization did no	ot check a box ances" test, ch	on line 13, 16a eck this box ar	a, or 16b, and la nd stop here. E	ne 14 is xplain ın
b	Part VI how the organization meets to organization	2017. If the organization meets on meets the "f	ganization did no the "facts-and facts-and-circum	ot check a box d-circumstances' instances" test	on line 13, 16; " test, check the the organization	a, 16b, or 17a, his box and sto n qualifies as a	and line op here. publicly
18	Private foundation. If the organization instructions		-	• •	<u></u>		
					S	chedule A (Form 99	v or 99U-E∡) 2018

	 ~/
~	 •

Pa	Support Schedule for Orga (Complete only if you check If the organization fails to qu	ked the box or	line 10 of Pa	rt I or if the org			nder Part II.
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received (Do not include any "unusual grants")			 	 	 	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities	j	J	J	J		J
	furnished in any activity that is related to the				1		
	organization's tax-exempt purpose			 	 	/	
3	Gross receipts from activities that are not an					1	-
	unrelated trade or business under section 513.			ļ	/	 	
4	Tax revenues levied for the						
	organization's benefit and either paid to			į			
	or expended on its behalf			ļ		 	
5	The value of services or facilities			1	1/		
	furnished by a governmental unit to the						
	organization without charge		<u> </u>	1	1	ļ	
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3	_					
	received from disqualified persons						
Þ	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000				ł		
	or 1% of the amount on line 13 for the year			<u>,/</u>			
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from				1		
_	line 6)			<u> </u>			
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		/				
10 a	Gross income from interest, dividends, payments received on securities loans,				İ		
	rents, royalties, and income from similar						
	sources			<u> </u>			
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		,			1	
	acquired after June 30, 1975			<u> </u>		<u></u>	
С	Add lines 10a and 10b					L	
11	Net income from unrelated business	/					
	activities not included in line 10b./						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or				ł	}	
	loss from the sale of capital assets					1	
	(Explain in Part VI)						
13	Total support. (Add lines 9,/10c, 11,						
	and 12)			<u>[</u>	[L	1
14	First five years. If the Form 990 is f	or the organizat	tion's first, seco	ond, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop here.						▶ 🔲
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2018 (line 8,	, column (f), divide	ed by line 13, colu	ımn (f))		. 15	%
16	Public support percentage from 2017 Sche	dule A, Part III, lin	e 15		· · · · · · · · · · · · · · · · · · ·	16	%
Sec	tion D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2018 (liii	ne 10c, column (f), divided by line	13, column (f)).		17	%
18	Investment income percentage from 2017	Schedule A. Part	III, line 17			18	%
19 a	331/3% support tests - 2018. If the org					e than 331/3%,	and line
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2017. If the orga						
~	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		-			· · ·	
JSA 21 1 00							990 or 990-EZ) 2018

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sect	ion A. All Supporting Organizations			
	·		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If dosignated by class or purpose, describe the designation. If historic and continuing relationship, explain			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b c	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b]
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		ل ــــ
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		لَــــ

Schedule A (Form 990 or 990-EZ) 2018

Schedu	DIE A (Form 990 or 990-EZ) 2018			Page 3
Part	Supporting Organizations (continued)	_	lv	N.
44	the the executation accorded a get as contribution from any of the following personn?		Tes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ĺ		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	440	l	
	below, the governing body of a supported organization?	11a	<u> </u>	
	A family member of a person described in (a) above?	11b		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	<u> -</u>
Sect	ion B. Type I Supporting Organizations		120	1
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	١.		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	ł	ł	ŀ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	<u> </u>		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		İ	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Secti	ion C. Type II Supporting Organizations			
	- The state of the		Yes	No
_	Where a majority of the assessment only discreted as touched during the tay year also a majority of the discrete			1
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		•	
	the supported organization(s)			
84		1		Ь
Secu	on D. All Type III Supporting Organizations		V	- I
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of	'		
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			ŀ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	.		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3 _		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
_			Yes	
2	Activities Test Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	13.7		
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	•	Za		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2018			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organic	zations r	nust complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	<u></u>	
2 Recoveries of prior-year distributions	2	· · · · · · · · · · · · · · · · · · ·	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			•
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	· · · · · · · · · · · · · · · ·	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		-	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	, integra	ited Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

صصحم	le A (Form 990 or 990-EZ) 2018		· (t)	Page 7
Part		Supporting Organizat	dons (continuea)	Current Vees
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ea	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI) See instructions.			
	Total annual distributions. Add lines 1 through 6	Ab		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions	·		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			,
	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2018	, *		
а	From 2013			
b	From 2014	en e		
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g_	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7.			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017	,		

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018....

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)

SCHEDULE'D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Open to Public Inspection

► Attach to Form 990. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization

THE	TOR PROJECT, INC.		20-8096820
Pa	rt I Organizations Maintaining Donor Advised Fund	ls or Other Similar Funds o	r Accounts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors	n writing that the assets held	in donor advised
	funds are the organization's property, subject to the organizat		
6	Did the organization inform all grantees, donors, and donor		
	only for charitable purposes and not for the benefit of the d	onor or donor advisor, or for	any other purpose
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution ii	
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		_ 2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or termi	nated by the organization during the
	tax year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	ng of violations, and enforcing co	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handle	ng of violations, and enforcing o	conservation easements during the year
	> \$:- 470(L)(4)(D)()
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements	ote to the organization's infant	da statements that describes the
Pa	rt III Organizations Maintaining Collections of Art, Hi	storical Treasures, or Othe	r Similar Assets
	Complete if the organization answered "Yes" on		
	If the organization elected as permitted under SEAS 116 (A	ASC 958) not to report in its	revenue statement and halance sheet
	If the organization elected, as permitted under SFAS 116 (Aworks of art, historical treasures, or other similar assets his	eld for public exhibition, edu	ication, or research in furtherance of
_	public service, provide, in Part XIII, the text of the footnote to i		
b	If the organization elected, as permitted under SFAS 116		
	works of art, historical treasures, or other similar assets has public service, provide the following amounts relating to these		cation, or research in futile affice of
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical		
-	following amounts required to be reported under SFAS 116 (A		
а	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X		

Schedule D (Form 990) 2018

	(a) Description of security or category	(b) Book value		(c) Method of valuat	tion
	(including name of security)			Cost or end-of-year mark	cet value
	al derivatives				
	-held equity interests	• • • • • • • • • • • • • • • • • • • •	 		
(a) Other (A)			 		
(B)			 		······································
(C)			-		
(D)					
(E)			ļ		
(F)			 	<u></u>	
(G)		·	 -		
(H)	n (b) must equal Form 990, Part X, col (B) line 12)				
	Investments - Program Related.		<u> </u>		·
Tall VIII	Complete if the organization answ	ered "Yes" on Form 990). Part IV.	line 11c. See Form 990.	Part X. line 13.
	(a) Description of investment	(b) Book value	<u> </u>	(c) Method of valuat Cost or end-of-year mark	tion:
(1)					
<u>(2)</u>	·		<u> </u>		
(3)					
(4)					
(5)				· · · · · · · · · · · · · · · · · · ·	
(6) (7)					
(8)					
(9)					
-	Complete if the organization answ	··), Part IV, I	ine 11d See Form 990,	
(1) CASH		ered "Yes" on Form 990 a) Description), Part IV, I	ine 11d See Form 990,	(b) Book value
(2)	(··), Part IV, I	ine 11d See Form 990,	(b) Book value
(2) (3)	(··), Part IV, I	ine 11d See Form 990,	(b) Book value
(2) (3) (4)	(··), Part IV, I	ine 11d See Form 990,	(b) Book value
(2) (3) (4) (5)	(··), Part IV, I	ine 11d See Form 990,	(b) Book value
(2) (3) (4) (5) (6)	(··), Part IV, I	ine 11d See Form 990,	(b) Book value
(2) (3) (4) (5)	(··), Part IV, I	ine 11d See Form 990,	(b) Book value
(2) (3) (4) (5) (6) (7)	(··), Part IV, I	ine 11d See Form 990,	(b) Book value 92, 4
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	- RESTRICTED AS FIS AGENT mmn (b) must equal Form 990, Part X, col.	a) Description			(b) Book value 92, 4
(2) (3) (4) (5) (6) (7) (8) (9)	- RESTRICTED AS FIS AGENT	(B) line 15)			(b) Book value 92, 4
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	- RESTRICTED AS FIS AGENT simn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answ line 25.	(B) line 15)), Part IV, I		(b) Book value 92, 4
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	- RESTRICTED AS FIS AGENT mmn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answ	(B) line 15)ered "Yes" on Form 990), Part IV, I		(b) Book value 92, 4
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	- RESTRICTED AS FIS AGENT smn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	(B) line 15)ered "Yes" on Form 990), Part IV, I		(b) Book value 92, 4
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columnation of the columnation	- RESTRICTED AS FIS AGENT smn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	(B) line 15)ered "Yes" on Form 990), Part IV, I		(b) Book value 92, 4
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columnation (Colu	- RESTRICTED AS FIS AGENT smn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	(B) line 15)ered "Yes" on Form 990), Part IV, I		(b) Book value 92, 4
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columnation X (1) Federal (2) (3) (4) (5)	- RESTRICTED AS FIS AGENT smn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	(B) line 15)ered "Yes" on Form 990), Part IV, I		(b) Book value 92, 4
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columnation of the columnation - RESTRICTED AS FIS AGENT smn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	(B) line 15)ered "Yes" on Form 990), Part IV, I		(b) Book value 92, 4	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columnation of the columnation - RESTRICTED AS FIS AGENT smn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	(B) line 15)ered "Yes" on Form 990), Part IV, I		(b) Book value 92, 4	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna X (1) Federa (2) (3) (4) (5) (6) (7) (8)	- RESTRICTED AS FIS AGENT smn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	(B) line 15)ered "Yes" on Form 990), Part IV, I		(b) Book value 92, 4
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation - RESTRICTED AS FIS AGENT smn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	(B) line 15)ered "Yes" on Form 990), Part IV, I		(b) Book value 92, 4	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (2)	- RESTRICTED AS FIS AGENT Imm (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answ line 25. (a) Description of liability at income taxes	(B) line 15)ered "Yes" on Form 990 (b) Book values 25)), Part IV, I		(b) Book value 92, 4 92, 4 m 990, Part X,

THE TOR PROJECT, INC.

Schedule D (Form 990) 2018 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Recoveries of prior year grants................. 2e Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 2a 2b 2d 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 4a a Investment expenses not included on Form 990, Part VIII, line 7b c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)...... Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information SEE PAGE 5

Part XIII 'Supplemental Information (continued)

PART IV, LINE 2B

TOR PROJECT, IN CONJUNCTION WITH OTHER SPONSORS, ACTS AS AN AGENT ON BEHALF OF THE PRIVACY ENHANCING TECHNOLOGY SYMPOSIUM (THE CONFERENCE) BY PERFORMING ADMINISTRATIVE FUNCTIONS, INCLUDING CUSTODY OF THE CONFERENCE'S OPERATING CASH ACCOUNT AND PERFORMANCE OF THE CASH RECEIPTS AND CASH DISBURSEMENT FUNCTIONS. CONFERENCE FUNDS ARE SEGREGATED FROM THE GENERAL ASSETS OF TOR PROJECT. THESE FUNDS ARE RECORDED AS ASSETS AND LIABILITIES OF \$92,463 FOR THE PERIOD ENDED JUNE 30, 2018. TOR PROJECT CHARGES NO FEES FOR THESE SERVICES.

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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Form 990, Part IV, line 14b

► Go to www.irs.gov/Form990 for instructions and the latest information.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Name of the organization Employer Identification number 20-8096820 THE TOR PROJECT, INC.

1	For grantmakers. Does the orga					-
	assistance, the grantees' eligibili				a used to award the	<u> </u>
	grants or assistance?					X Yes No
2	For grantmakers. Describe in outside the United States	Part V the org	anızation's pro	ocedures for monitoring	the use of its grants an	d other assistance
3	Activities per Region (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	EUROPE	0.	15.	PROGRAM SERVICES	DEVELOPER	978,528.
(2)	NORTH AMERICA	0.	5	PROGRAM SERVICES	DEVELOPER	258,048.
(3)	SOUTH AMERICA	0.	3.	PROGRAM SERVICES	DEVELOPER	213,331.
(4)	RUSSIA/INDEPENDENT STATES	0	1	PROGRAM SERVICES	DEVELOPER	90,000.
(5)	SUB-SAHARAN AFRICA	0.	1.	PROGRAM SERVICES	DEVELOPER	18,926
(6)						
(7)	<u> </u>					
(8)						
(9)						
10)						
<u>11)</u>					•	1
12)	,					
13)						
14)						
15)						
16)					·	
17)						
3a	Subtotal		25	511		1,558,833.
	Total from continuation sheets to Part I					
C	Totals (add lines 3a and 3b)		25.	l		1.558.833

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2018

THE TOR PROJECT, INC. 20-8096820

Schedule F (Form 990) 2018 Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed (b) iRS code section and EIN (if applicable) (d) Purpose of grant (f) Manner of cash disbursement (h) Description of noncash assistance (i) Method of valuation (book, FMV, appraisal, other) (c) Region (1) (2)(3) (4) (5) (8) (9) (10) (11) (12) (13) (14)(15) (16) 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities. .

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Schedule F (Form 990) 2018

20-8096820

THE TOR PROJECT, INC. Schedule F (Form 990) 2018

Page 3

(a) Type of grant or assistance	(b) Region (d	c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							<u> </u>
(5)							
(6)							<u> </u>
(7)							
(8)							
(9)					······································		
0)							
1)							
2)			·				
3)					· · · · · · · · · · · · · · · · · · ·		
4)							
5)							
6)							
7)				-		ļ	
(8)							

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Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	No
2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization	
may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	No
Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	No
Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Yes X	No
Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Yes X	No
Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	No

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Part V Supple

Supplemental Information

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Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE F, PART I

THE ORGANIZATION CHANGED ITS FISCAL YEAR END TO JUNE 30 FROM DECEMBER 31.

THE INFORMATION PROVIDED IS FOR THE ENTIRE CALENDAR YEAR 2018.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE TOR PROJECT, INC.

Employer Identification number

20-8096820 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Written employment contract Compensation committee Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Х $\overline{\mathbf{x}}$ b Participate in, or receive payment from, a supplemental nonqualified retirement plan?........... X c Participate in, or receive payment from, an equity-based compensation arrangement?........ 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a Х X 5b If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of Х 6a Х 6Ь If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Х Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

20-8096820

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THE TOR PROJECT, INC.

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that ındıvıdual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base (ii) Bonus & mentive (iii) Other compensation compensation reportable compensation		other deferred compensation				
NICK MATHEWSON	(1)	149,375.	0	0.	5,000.	23,079.	177,454.	
1VICE PRESIDENT	(11)	0.	0.	0.				
ROGER DINGLEDINE	(1)	149,375.	0.	0.	3,750.	10,637.	163,762.	
2PRESIDENT	(0)	0.	0.	0.				
SHARI STEELE	(1)	175,000.	0.	0.	5,833.	3,453.	184,286.	
3EXECUTIVE DIRECTOR	(ii)	, O.	0.	0.				
	(i)							
_ 4	(8)							
	(0)							
6	(II)							
	[0]							
6	(4)							
	(1)							
7	(ii)							<u></u>
	(0)							
8	(fi)							
	(1)							
<u> </u>	(ii)							
	(1)		<u> </u>					
10	(ii)							
•	(1)							
11	(11)							
40	(I) (II)		*					
12	(1)							
13	(11)					· -		
13	0			-				
14	(0)							<u> </u>
14	(0)							
15	(0)							
	(0)							
16	(0)							
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Schedule J (Form 990) 2018

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THE TOR PROJECT, INC.

20-8096820

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Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

SCHEDULE J, PART II

THE ORGANIZATION CHANGED ITS FISCAL YEAR END TO JUNE 30 FROM DECEMBER 31.

THE INFORMATION PROVIDED IS FOR THE ENTIRE CALENDAR YEAR 2018.

Schedule J (Form 990) 2018

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE TOR PROJECT, INC.

Employer Identification number 20-8096820

OMB No 1545-0047

FORM 990, PART XII, LINE 2B AND 3A

THE ORGANIZATION IS IN THE PROCESS OF CHANGING ITS FISCAL YEAR END TO

JUNE 30 AND IS CURRENTLY UNDERGOING AN AUDIT FOR THE PERIOD JANUARY 1,

2017 THROUGH JUNE 30, 2018.

FORM 990, PART VI, SECTION B, LINE 11B

THE DRAFT FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND CFO AND THEN ALL MEMBERS OF THE BOARD RECEIVE A DRAFT FOR REVIEW PRIOR TO FILING OF FORM 990.

FORM 990, PART VI, SECTION B, LINE 15

THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY UTILIZING COMPENSATION

DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILARLY

SITUATED ORGANIZATIONS. THE SALARY RECOMMENDATION IS REVIEWED AND

APPROVED BY THE EXECUTIVE BOARD, WITH NO MEMBERS WHO HAVE A CONFLICT OF

INTEREST BEING INVOLVED IN THE PROCESS. SUBSTANTIATION OF THE

DELIBERATION AND DECISION ARE RECORDED AT THAT TIME.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY REQUEST. THE ORGANIZATION'S FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE.

Employer identification number 20-8096820

FORM 990, PART VI, SECTION B, LINE 12C

THE TOR PROJECT HAS A BOARD-APPROVED CONFLICT OF INTEREST POLICY, AND

BOARD AND STAFF MEMBERS ACKNOWLEDGE EACH YEAR THAT THEY HAVE NOT ENGAGED

IN TRANSACTIONS THAT PRESENT CONFLICTS OF INTEREST.

PART VIII

WHILE FUNDING FOR TOR ORIGINALLY FOCUSED ON BASIC RESEARCH TO BETTER
UNDERSTAND ANONYMITY, PRIVACY, AND CENSORSHIP-RESISTANCE, THE MAJORITY OF
FUNDING NOW FALLS INTO THREE CATEGORIES: DEVELOPMENT FUNDING FROM GROUPS
LIKE RADIO FREE ASIA AND DARPA TO DESIGN AND BUILD PROTOTYPES BASED ON
RESEARCH DONE BOTH INSIDE TOR AND ALSO AT OTHER INSTITUTIONS; DEPLOYMENT
FUNDING FROM ORGANIZATIONS LIKE THE US STATE DEPARTMENT AND SWEDEN'S
FOREIGN MINISTRY; AND UNRESTRICTED CONTRIBUTIONS FROM PRIVATE
FOUNDATIONS, CORPORATIONS AND INDIVIDUAL DONORS.

FOLLOWING IS A BREAKDOWN OF THE TOR PROJECT'S FUNDING SOURCES FOR THE PERIOD ENDED JUNE 30, 2018:

FUNDING FROM US GOVERNMENT SOURCES

US STATE DEPT - BUREAU OF DEMOCRACY, HUMAN RIGHTS AND LABOR 399,940
NATIONAL SCIENCE FOUNDATION 383,998

RADIO FREE ASIA/OPEN TECHNOLOGY FUND 395,494

NEW YORK UNIVERSITY 46,750

FUNDING FROM CORPORATE SOURCES

DUCKDUCKGO 22,816

FUNDING FROM PRIVATE FOUNDATIONS 40,000